

Case Number:	CM15-0145337		
Date Assigned:	08/07/2015	Date of Injury:	11/01/2005
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old male, who sustained an industrial injury on 11-1-05. Initial complaints were not reviewed. The injured worker was diagnosed as having osteoarthritis right knee; osteoarthritis left knee. Treatment to date has included status post left total knee arthroplasty (5-14-15); physical therapy; left knee injection; medications. Currently, the PR-2 notes dated 6-1-15 indicated the injured worker was seen in this office for a re-evaluation. The injured worker is a status post left total knee arthroplasty on 5-14-15 and was authorized for 12 physical therapy visits per Utilization Review Letter dated 4-1-15. He complains of left knee pain. Objective findings on this date reveal incision to be healing well with a couple of areas of blisters that are dried away from the skin incision. His range of motion is negative 10 degrees of full extension to 80 degrees of flexion. On this date, the injured worker's staples were removed from the left knee incision site. The provider showed the injured worker exercises to do at home to improve his knee extension and he is to follow-up July 6, 2015 with an appointment. The provider documents he will need to start physical therapy two times a week for six weeks. The injured worker is a status post right knee arthroplasty (no date).The provider is requesting authorization of physical therapy left knee 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy, left knee, 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: This claimant was injured 10 years ago, and was diagnosed with osteoarthritis of the right knee and osteoarthritis left knee. Treatment to date has included status post left total knee arthroplasty (5-14-15); physical therapy; left knee injection; and medications. In June 2015, the claimant was seen for re-evaluation; there was still left knee pain. The objective functional benefit out of prior PT is not noted. The status of the independent home program is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary.